

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Eastern Regional Housing Authority PHA Code: NM063 PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/2010				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 85 Number of HCV units: 1850				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Eastern Regional Housing Authority will promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Eastern Regional Housing Authority goals: Expand the supply of assisted housing, improve the quality of assisted housing and promote self-sufficiency of families and individuals. The Eastern Regional Housing Authority has increased its capacity consuming additional Housing Choice Voucher increments, increasing the active Family Self Sufficiency participants, increasing the Family Self Sufficiency escrow accounts, increasing Section 8 Homeownership and assisting troubled Housing Authorities. The Eastern Regional Housing Authority has leveraged with Foundation for Building to promote homeownership opportunities which are non Section 8.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Not Applicable (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Eastern Regional Housing Authority, 106 E. Reed, Roswell, NM 88203 and Sandstone Manor Apartments, 16 A Stacy Drive, Roswell, NM 88203				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. Eastern Regional Housing Authority currently administers the Section 8 Homeownership Program to include Homebuyer Counseling, Credit Counseling and Foreclosure Counseling				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The Housing needs of families is a lack of affordable housing in all jurisdictions.
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. Eastern Regional Housing Authority currently sets the Payment Standards at 110% of the Fair Market Rents. The Housing Authority regularly communicates with landlords in negotiating reasonable rents to the constituents of the Program.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Eastern Regional Housing Authority has leveraged with other agencies to promote low income Home Ownership opportunities. The Housing Authority utilizes the Capital Fund Program to modernize its Public Housing Property. The Authority has an ongoing Section 8 Family Self Sufficiency Program with over 50% of the participants receiving escrow funds and several constituents graduating off of the Program. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" The Eastern Regional Housing Authority defines "Significant Amendment" as a change that alters the basic provision of service and defines "Substantial Deviation/Modification" as a complete revision of major policy or procedure.
11.0	Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant: 2010	
PHA Name: Eastern Regional Housing Authority		Capital Fund Program Grant No: NM02P06350110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	70000			
3	1408 Management Improvements	7260			
4	1410 Administration (may not exceed 10% of line 21)	5000			
5	1411 Audit	1500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5000			
8	1440 Site Acquisition				
9	1450 Site Improvement	13500			
10	1460 Dwelling Structures	34337			
11	1465.1 Dwelling Equipment—Nonexpendable	13755			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2010			
PHA Name: Eastern Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: NM02P06350110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2010			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account	Total Estimated Cost	Original	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	150352					
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs	88760					
24	Amount of line 20 Related to Security - Hard Costs	61592					
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director		Date 3/27/10	Signature of Public Housing Director		Date		

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[illegible]

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[illegible]

U.S. Department of Housing and Urban Development
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OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant:

[illegible]

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[illegible]

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name: Eastern Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: NM02S06350109 Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant: 2009 FY of Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009				<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)	2000	14765		14765		
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	4000	0				
8	1440 Site Acquisition						
9	1450 Site Improvement	94000	0				
10	1460 Dwelling Structures	90689	139304				
11	1465.1 Dwelling Equipment—Nonependable	0	36620				
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name:
Eastern Regional
Authority


Grant Type and Number
Capital Fund Program Grant No: NM02S06350109
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant: 2009
FFY of Grant Approval: 2009

Type of Grant

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies
☐ Performance and Evaluation Report for Period Ending:

☒ Revised Annual Statement (revision no: 1)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	190689	190689		14765		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs	6000	0				
24	Amount of line 20 Related to Security - Hard Costs	176739					
25	Amount of line 20 Related to Energy Conservation Measures	7950					
Signature of Executive Director 		Date 3/27/10	Signature of Public Housing Director		Date		

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Federal FFY of Grant:

Grant Type and Number
Capital Fund Program Grant No:
CFFP (Yes/No):
Replacement Housing Factor Grant No:

[illegible]

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PHA Name: Eastern Regional Housing Authority

Federal FY of Grant: 2009

[illegible]

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PHA Name:

Federal FY of Grant:[illegible]

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary


PHA Name: Eastern Regional Housing Authority Grant Type and Number: Capital Fund Program Grant No: NM02P06350109 Replacement Housing Factor Grant No: _____ Date of CFFP: _____	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Type of Grant		Revised Annual Statement (revision no:)		Total Actual Cost ¹	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Expended
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	70000	70000	70000	
3	1408 Management Improvements	7260	7260		
4	1410 Administration (may not exceed 10% of line 21)	5000	5000	5000	
5	1411 Audit	1500	1500		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5000	5000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	61592	52792		
11	1465.1 Dwelling Equipment—Nonexpendable	0	8800		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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U.S. Department of Housing and Urban Development
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Expires 4/30/2011

Part I: Summary				FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Eastern Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: NM02P06350109 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost¹
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	150352			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	88760			
24	Amount of line 20 Related to Security - Hard Costs	61592			
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 3/27/10	Signature of Public Housing Director Date		

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Federal FY of Grant: 2009

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PHA Name:

Federal FTY of Grant:

[illegible]

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U.S. Department of Housing and Urban Development
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PHA Name: Eastern Regional Housing Authority

Reasons for Revised Target Dates

[illegible]

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program


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Expires 4/30/2011

Part I: Summary		PHA Name: Eastern Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: NM02P06350108 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	
<input type="checkbox"/> Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009							
Line	Summary by Development Account	Original	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	70000			70000	70000	
3	1408 Management Improvements	7260			1259	1259	
4	1410 Administration (may not exceed 10% of line 21)	5000			5000		
5	1411 Audit	1500					
6	1415 Liquidated Damages						
7	1430 Fees and Costs	3500			25	20.15	
8	1440 Site Acquisition						
9	1450 Site Improvement	6000			3700	3698	
10	1460 Dwelling Structures	57387					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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Part I: Summary			
PHA Name: Eastern Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: NM02P06350108 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Revised ²
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Obligated
19	1502 Contingency (may not exceed 8% of line 20)		Expended
20	Amount of Annual Grant:: (sum of lines 2 - 19)	150647	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	14000	
23	Amount of line 20 Related to Security - Soft Costs	87260	
24	Amount of line 20 Related to Security - Hard Costs	49387	
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 		Date 3/27/10	Signature of Public Housing Director Date

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Federal FY of Grant: 2008

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PHA Name:

PHA Name:	Grant Type and Number	Federal FFY of Grant:
	Capital Fund Program Grant No:	
	CFFP (Yes/ No):	
	Replacement Housing Factor Grant No:	

[illegible]² To be completed for the Performance and Evaluation Report.

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PHA Name: Eastern Regional Housing Authority

[illegible]

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PHA Name:

Federal FY of Grant:

[illegible]

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Part I: Summary					
PHA Name: Eastern Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: NM02P06350107 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval: 2007	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	70000		70000	70000
3	1408 Management Improvements	5000		5000	4982.82
4	1410 Administration (may not exceed 10% of line 21)	5000		5000	
5	1411 Audit	1500		1500	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3500		3500	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	64665		64665	34586.58
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Part I: Summary

PHA Name: Eastern Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: NM02P06350107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007
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Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	149665	149665
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	14000	
23	Amount of line 20 Related to Security - Soft Costs	85000	70000
24	Amount of line 20 Related to Security - Hard Costs	50665	10300
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 		Date 3/27/10	Signature of Public Housing Director
			Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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OMB No. 2577-0226
Expires 4/30/2011

PHA Name:

Capital Fund Program Grant No:
CFFP (Yes/ No):
Replacement Housing Factor Grant No:

Federal FY of Grant:

[illegible]¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Expires 4/30/2011

Federal FY of Grant: 2007

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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Federal FY of Grant:**Federal FY of Grant:**[illegible]

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

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OMB No. 2577-0226
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Part I: Summary

PHA Name: Eastern Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: NM02P06350106 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2006 FFY of Grant Approval: 2006	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
1	Total non-CFP Funds		Revised ²		Expended
2	1406 Operations (may not exceed 20% of line 21) ³	84413		84413	84413
3	1408 Management Improvements	6759		6759	6678.30
4	1410 Administration (may not exceed 10% of line 21)	3030		3030	1129
5	1411 Audit	1500		1500	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2500		2500	1952.16
8	1440 Site Acquisition				
9	1450 Site Improvement	8500		8500	5115
10	1460 Dwelling Structures	38207		38207	35641.88
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	4800		4800	4800
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: Eastern Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: NM02P06350106 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2006 FFY of Grant Approval: 2006
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<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	149709	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	14000	
23	Amount of line 20 Related to Security - Soft Costs	98202	
24	Amount of line 20 Related to Security - Hard Costs	37507	
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date 3/27/10	Signature of Public Housing Director
			Date

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Federal FY of Grant: 2006

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PHA Name:

Federal FY of Grant:

Grant Type and Number	Capital Fund Program Grant No:	CFFP (Yes/ No):	Replacement Housing Factor Grant No:

[illegible]

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PHA Name: Eastern Regional Housing Authority

Reasons for Revised Target Dates

[illegible]

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Federal FY of Grant:**Federal FY of Grant:**[illegible]

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
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Expires 4/30/2001

Part I: Summary

Part I: Summary						
PHA Name/Number		Locality (City/County & State)				
A.	Development Number and Name	Work Statement for Year 1 FFY __2010__	Work Statement for Year 2		<input type="checkbox"/> Original 5-Year Plan	<input checked="" type="checkbox"/> Revision No: 5
			FFY __2011__	Work Statement for Year 3 FFY __2012__	Work Statement for Year 4 FFY __2013__	Work Statement for Year 5 FFY __2014__
B.	Physical Improvements Subtotal	Annual Statement	61592	63852	63582	6582
C.	Management Improvements		7260	5000	5000	5000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		5000	5000	5000	5000
F.	Other		6500	6500	6500	6500
G.	Operations		70000	70000	70000	70000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		150352	150352	150352	150352

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Part II: Supporting Pages – Physical Needs Work Statement(s)					
Work Statement for Year 1 FFY _____	Work Statement for Year ____ 2 _____		Work Statement for Year: ____ 3 _____		
		FFY ____ 2011		FFY ____ 2012	
Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Operations		70000	Operations		70000
Management Improv		7260	Management Improv		5000
Administration		5000	Administration		5000
Audit		1500	Audit		1500
Fees & Costs		5000	Fees & costs		5000
Dwelling Structures		61592	Dwelling Structure		63852
Subtotal of Estimated Cost		\$ 150352	Subtotal of Estimated Cost		\$1 50352

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Part II: Supporting Pages – Physical Needs Work Statement(s)					
Work Statement for Year 1 FFY _____	Work Statement for Year ____ 4 _____		Work Statement for Year: ____ 5 _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	
See	Operations		70000		
Annual Statement	Management Impro		5000	Management Impro	
	Administration		5000	Administration	
	Audit		1500	Audit	
	Fees & costs		5000	Fees & costs	
	Dwelling Structure		63852	Dwelling Structure	
	Subtotal of Estimated Cost		\$150352	Subtotal of Estimated Cost	